STATE OF CALIFORNIA

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See Instructions and \*Privacy

Statement On Reverse Side

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Pages

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ELECTRON	n Reverse S	ide				Page of Pages										
CLAIMANT'	S NAME					SSAN OR E	MPLO	YEE N	IUMBER*				RTMENT	16 Med Research 16 and 1		
Matthew	R. Better	nhausen							Califo	ornia Em	ergency M	anag	gement A			
POSITION			CB/ID NUM	BER	DIVISION O		INDEX NUMBER									
Secretar			E99		Executiv											
RESIDENCE	<b>!</b> *			HEADQUARTERS ADDRESS 3650 Schriever Ave.								916-324-8908				
CITY			STATE	ZIP	CODE	CITY							STATE	ZIP CODE 95655		
Sacrame			CA		95833	Mather	_						CA		956	
(1) MONTH/YE		(3) LOCATION	(4)	(5)	(5) MEALS		(6	6)	(7)	TRAN:	SPORTATIO (C)		(D)	(8)		(9)
March 2010		WHERE EXPENSES WERE INCURRED	LODGING	BREAK-		O.T., L/T, N/C, RELO.	INCI	DEN.	COST OF	TYPE	CAREFARE	PRIVATE CAR USE		BUSINESS		TOTAL
DATE	TE TIME			FAST	LUNCH	OR DINNER	TALS		TRANS. USED	USED	TOLLS, PARKING			EXPENSE	FOR DAY	
4-Mar	6:00	Sacramento to Virginia	\$ 157.10	\$ 6.00	\$ 10.00	\$ 18.00									\$	191.10
5-Mar		Virginia	\$ 157.10	\$ 6.00	\$ 10.00	\$ 18.00	\$	6.00							\$	197.10
6-Mar		Virginia	\$ 157.10	\$ 6.00	\$ 10.00	\$ 18.00	\$	6.00							\$	<u>197.1</u> 0
7-Mar		Virginia	\$ 157.10	\$ 6.00	\$ 10.00	\$ 18.00	\$	6.00							\$	197.10
8-Mar		Virginia	\$ 157.10	\$ 6.00	\$ 10.00	\$ 18.00	\$	6.00							\$	197.10
9-Mar	21:15	Virginia to Sacramento	\$ 157.10	\$ 6.00	\$ 10.00	\$ 18.00	\$	6.00							\$	197.10
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10)								0.00								1,176.60
SOLUBANI CO	SUBTOTA	ALS LUSE ONLY)	\$ 942.60	\$ 36.00	\$ 60.00	\$ 108.00	\$ 3	0.00	174000000	HEMILS.	S. 14123-16	12/20	W 12 13 14	INTERNATION OF THE PARTY		<b>用程度操队</b>
JOE OWING CO	DDE MOGIC	, DOL ONLY	- Personal State of the State o	- Interestable and	HOLD TO SERVE						-				7	
	CLAIM TO														(\$	1,176.60
		MARKS AND DETAILS (Attache	d receipts/voucher v	when required	)								9:00 ~ 6		/	
Attend NEW	MA Confere	nce.												ICENSE NUMBER		
		11										MAN MILE	AGE RATE CLA	IMED		
												(14) mice	48.5¢/N			
												AGEN	CY ACCOU	INTING OFFICE	Take.	
-														ONLY SUMMER		
												PAIDS	T REVOLVING	POND CHECK NOME	our.	
5) THEREBY C a privately own laimed, and that	ed ehicle was u	above is a free statement of the tra- sed, and if milage rates exceed the	minimun rate, I certify Section 0750, 0751, 0	v the cost of op	erating the veh	icle was equal to	or breater	than th	ne rate							
:LE			1	DATE	1	(16				TOAVE	WILL BUNNE	NT		DATE	40	n
►	80.0		- 1	7/30	110				•					10/0	de	70
17) SIGNATUR	RE AND TINE	KILL LOWER	ISES (See	item 17 on re	everse)	3.0								DATE (		
<b>-</b>																



STATE OF CALIFORNIA

Mr. San

TRAVEL	EXPENS	SE CLAIM		See	Instructi	ons and *Pr	ivacy				Г						
ELECTRON	IC STD. 262	(REV. 04/95)		Sta	tement Oi	n Reverse S	ide				Page	of	Pages				
CLAIMANT			SSAN OR E	MPLOYEE N	NUMBER*		DEPARTMENT										
Matthew	R. Better	nhausen									Califo	ornia Em	ergency			ment A	
POSITION				CB/ID NUM	BER	DIVISION O							INDEX NU	MBER	l.		
Secretar	***************************************			E99		Executiv	RTERS ADDI	RESS					TELEPHON	NUME	JMBER		
KESIDENCI							hriever A						916-324				
CITY STATE ZIP CODE Sacramento CA 95833						CITY Mather						STATE CA	ZIP CODE 95655				
The state of the s			7	(5)	MEALS	_	(6)	(7)	_	SPORTATIO			(8)	T		(9)	
March 2010		(3) LOCATION WHERE EXPENSES	LODGING	1		0.T., L/T,		(A)	(B)	(C)	PRIVAT	(D) E CAR USE	BUSINESS		TOTAL		
(2) DATE	TIME	WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	INCIDEN- TALS	COST OF TRANS.	TYPE	CAREFARE TOLLS, PARKING	MILES	AMOUNT	EXPENSE		FOR DAY		
4-Mar	6:00	Sacramento to Virginia												-			
5-Mar		Virginia		-										+			
6-Mar		Virginia			ļ									-			
7-Mar		Virginia		-		ļ						-		_			
8-Mar		Virginia															
9-Mar	21:15	Virginia to Sacramento								\$ 54.00					\$	54.00	
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JOLUMN C		LUSE ONLY)			DESIGNATION		*18-18/8486	( and the second	all all against the	11.000		ATTENDED HAVE DESCRIBE			s (	54.00	
11) DUDDOS	CLAIM TO	TAL MARKS AND DETAILS (Attached	receints/voucher	when required	<del></del>						(12) NORM	MAL WORK HOL	URS			<del></del>	
	MA Confere				,	2 10 10 10 10 10 10 10 10 10 10 10 10 10						9:00 - 6				$\leq$	
											(13) PRIV	ATE VEHICLE LI	ICENSE NUMBE	к			
-											100000000000000000000000000000000000000	48.5¢/M					
-											AGEN	COLUMN TENSOR OF SELECTION AND	NTING OFF	ICE		23 S	
											PAID B	SERVING THE PARTY OF THE PARTY	ONLY FUND CHECK N	JMBER	5,1992		
IS) I HEREBY	ERTIFY That the	above is a true statement of the tra-	vel expenses incur	red by me in acco	ordance with Di	PA rules in the ser	vice of the State	of California.									
a orivately ow	ned vehicle was u at I have met the n	sed, and if milage rates exceed the equirements as prescribed by SAM	minimun rate, I cert	tify the cost of op	erating the veh	nicle was equal to g to vehicle safety	or greater than the and seat belt us	ne rate	TRAVE	AND PAYME	NT		DATE	, ,			
•			 —			(16) SIGNA	-						5 DATE	6	10		
17) SIGNATU	č.	×1	WASES (Se	e item 17 on n	everse)								JAIL				
<b>→</b>													<u> </u>				